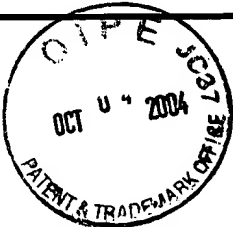


| | | | |
|---|--|-----------------------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Attorney Docket Number SRT-026 | |
|---|--|-----------------------------------|--|



| | |
|-----------------------------------|--------------------|
| In re Application of Marlow | |
| Application Serial No. 09/882,874 | |
| Filed: June 15, 2001 | |
| Group Art Unit: 2124 | Examiner: T. Roche |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired)

| | |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is:

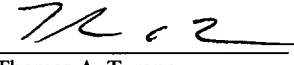
☒ A check in the amount of \$110.00 is enclosed which is the \$110.00 fee for a one month extension of time under 37 CFR 1.17(a)(1).

☐ The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.

☒ Return receipt postcard enclosed.

I am the ☐ assignee of record of the entire interest.
☐ applicant.
☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____


| CORRESPONDENCE ADDRESS | SIGNATURE BLOCK |
|---|--|
| Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 | <div style="display: flex; justify-content: space-between;"> <div> Date: September 30, 2004 Reg. No. 35,722 Tel. No.: (617) 248-7738 Fax No.: (617) 248-7100 </div> <div style="text-align: right;"> Respectfully submitted,  Thomas A. Turano Attorney for Applicant Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 </div> </div> |

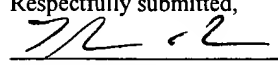
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01 FC:1251

110.00 DP

| | | |
|---|---------------------------|---------------|
|  | Complete if Known | |
| | Application Serial Number | 09/882,874 |
| | Filing Date | June 15, 2001 |
| | First Named Inventor | Marlow |
| | Group Art Unit | 2124 |
| | Examiner Name | T. Roche |
| | Attorney Docket No. | SRT-026 |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------------------|-----------------|--------------------|-----|-----|-------------------------------------|--|-----|------------------------|--|--|--------------|--------------|---------------------------|--------|--------------|--------|------------------------------------|--------------|-----|--------------------|--|--------|--------------|-----|--|--|-----|------------|--|--------|------|-----|---|------|------------------------|------|--|--|-----|--------------|------------------|--|-----|------------|--|---------------------------------|---------------|------|--------------------------|-------|-----|-----|-------------------------------|--|--------|-----|--|--------------|-----|--|---|--|--------------|-----|--|--|-----|-----|---|------------------------|-----|----|-----------------------------------|------------|---------------------|--|--|--|---------------------|--|--------------|------|--------------|------|--------------|--------|
| <p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input type="checkbox"/> Applicant claims small entity status.</p> | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td>110.00</td></tr> <tr><td>420</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>950</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1480</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2010</td><td>1005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>330</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>330</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>290</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>770</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>770</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>110</td><td>55</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> </tbody> </table> | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | Request for ex parte reexamination | | 110 | 55 | Extension for reply within first month | 110.00 | 420 | 210 | Extension for reply within second month | | 950 | 475 | Extension for reply within third month | | 1480 | 740 | Extension for reply within fourth month | | 2010 | 1005 | Extension for reply within fifth month | | 330 | 165 | Notice of Appeal | | 330 | 165 | Filing a brief in support of an appeal | | 290 | 145 | Request for oral hearing | | 130 | 130 | Petitions to the Commissioner | | 180 | 180 | Submission of Information Disclosure Statement | | 770 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 770 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | | 100 | 100 | Certificate of Correction for applicant's error | | 110 | 55 | Submission of Terminal Disclaimer | | Other fee (Specify) | | | | Other fee (Specify) | | | | | | | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | Request for ex parte reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | 110.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 420 | 210 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 950 | 475 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1480 | 740 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2010 | 1005 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 330 | 165 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 330 | 165 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 290 | 145 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 770 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 770 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | Certificate of Correction for applicant's error | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Submission of Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">FEE CALCULATION</p> <p>1. FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>770</td><td>Utility filing fee</td><td></td></tr> <tr><td>340</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$290.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) 0.00</td> </tr> </tbody> </table> <p>2. AMENDMENT CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$290.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$) 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$) 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) 0.00</td> </tr> </tbody> </table> | Large Entity Fee (\$) | Fee Description | Fee Paid | 770 | Utility filing fee | | 340 | Design filing fee | | 160 | Provisional filing fee | | | Number Filed | Number Extra | Rate | Amount | Total Claims | - 20 = | | x \$ 18.00 = | | Independent Claims | - 3 = | | x \$ 86.00 = | | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | \$290.00 = | | TOTAL: | | | | 0.00 | SMALL ENTITY DISCOUNT: | | | | | SUBTOTAL (1) | | | | (\$) 0.00 | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | Total | - | = | x \$ 18.00 = | | Indep. | - | = | x \$ 86.00 = | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$290.00 = | | TOTAL: | | | | (\$) 0.00 | SMALL ENTITY DISCOUNT: | | | | (\$) 0.00 | SUBTOTAL (2) | | | | (\$) 0.00 | <p style="text-align: right;">SUBTOTAL (3) (\$) 110.00</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tbody> <tr><td style="text-align: right;">SUBTOTAL (1)</td><td>0.00</td></tr> <tr><td style="text-align: right;">SUBTOTAL (2)</td><td>0.00</td></tr> <tr><td style="text-align: right;">SUBTOTAL (3)</td><td>110.00</td></tr> </tbody> </table> <p style="text-align: right;">TOTAL (\$) 110.00</p> | SUBTOTAL (1) | 0.00 | SUBTOTAL (2) | 0.00 | SUBTOTAL (3) | 110.00 |
| Large Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 770 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 340 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Number Filed | Number Extra | Rate | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | - 20 = | | x \$ 18.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | - 3 = | | x \$ 86.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | \$290.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL: | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | - | = | x \$ 18.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | - | = | x \$ 86.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$290.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL: | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | 110.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100</p> | <p style="text-align: center;">SIGNATURE BLOCK</p> <p>Respectfully submitted,  Thomas A. Turano Attorney for the Applicant Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110</p> <p>Date: September 30, 2004 Reg. No.: 35,722 Tel. No.: (617) 248-7738 Fax No.: (617) 248-7100</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |